									I					
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									Application or Docket Number					
Γ	CLAIMS AS FILED - PART I										<u>/// 000</u>	<i></i>		
			(Column			(Column 2)		SMALL ENT	my '	OR	OTHER THAN SMALL ENTITY			
.0.5	S. NATIONAL	STAGE FEES						RATE	FEE	7	RATE	FEE		
ВА	SIC FEE		SMALL ENT.	. = \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE	<del>                                     </del>	OR	BASIC FEE	<del> </del>		
EX	AMINATION FE	EE	(4) = \$50.	Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	1	EXAM. FEE		1	EXAM. FEE	300		
SE	ARCH FEE		U.S. is ISA = \$ ALL other cou	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400		
FEE	E FOR EXTRA	SPEC. PGS.	minı	minus 100 =		/ 50 =		X \$ 125 =	<b></b>	1	X \$ 250 =	'		
тот	TAL CHARGEA	BLE CLAIMS	36 mir	inus 20 =		16		X \$ 25 =	<u> </u>	OR	X \$ 50 =	800		
IND	DEPENDENT CL	LAIMS	∠ m					X \$ 100 =	<del></del>	OR	X \$ 200 =	000		
<u></u>		NDENT CLAIM PRE						+\$ 180 =		OR	+ \$ 360 =	<del> </del>		
* If the difference in column 1 is less than zero, enter "0"					)" in cr	olumn 2	,	TOTAL		OR	TOTAL	1700		
H	T	(Column 1)  CLAIMS  REMAINING	AMENDED	(Column 2) HIGHEST NUMBER			[	SMALL E	ADD1-	OR	OTHER SMALL E	ADDI-		
ENT A		AFTER AMENDMENT		PREVIO PAID I	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT	Total	*	Minus	-	<del></del>	=		X \$ 25 =		OR	X \$ 50 =			
AME	Independent	1	Minus	***		=		X \$ 100 =		OR	X \$ 200 =			
	FIRST PRES	SENTATION OF MI	ULTIPLE DEPE	ENDENT C	CLAIM			+ \$ 180 =		OR	+ \$ 360 =			
Į					۰	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE					
(Column 1) (Column 2) (Column 3)														
		CLAIMS		HIGHE		T	Г	<del></del>		Г	<del></del>			
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
AMENDMENT	Total -	•	Minus	••		=		X \$ 25 =		OR	X \$ 50 =			
AME	Independent	<u> </u>	Willias	***		=		X \$ 100 =		OR	X \$ 200 =			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =			
TOTAL ADDIT. FEE										OR L	TOTAL ADDIT. FEE			
											•			
	If the "Highest Nur	umn 1 is less than the output 1 is less than	For IN THIS SPA	ACE is loca!	column than '20	: 3, Y, enter "20".								
-	If the "Highest North	imbor Dravianak, Date	CAPINITURO CO.											

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)